

<b>Case Number:</b>	CM14-0205236		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/27/2001
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 27, 2001. In a Utilization Review Report dated November 25, 2014, the claims administrator failed to approve requests for Biofreeze gel rolls and tubes while approving tramadol, Celebrex, vitamins, and a moist heating pad. The claims administrator referenced a November 6, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant reported ongoing complaints of chronic neck and back pain, reportedly constant, with attendant muscle spasms. The applicant was off of work and receiving both [REDACTED] benefit and [REDACTED] benefits, it was noted. Tramadol, Celebrex, Voltaren gel, TENS unit electrodes, vitamins, and several Biofreeze gels were endorsed, along with a new Tempur-Pedic pillow and a lumbar corset. On September 11, 2014, the attending provider again endorsed Skelaxin, Voltaren gel, Celebrex, tramadol (brand name Ultram), and TENS unit and electrodes, along with Biofreeze gel.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Biofreeze 3oz #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

**Decision rationale:** Biofreeze gel, per the product description, thus, represents a means of delivering cryotherapy. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 suggests using at-home local applications of cold packs as a means of delivering cryotherapy. By implication, thus, ACOEM does not endorse a more expensive or a more elaborate means of delivering cryotherapy, such as the Biofreeze gel/Biofreeze lotion at issue. Therefore, the request was not medically necessary.

**Biofreeze gel 1% 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Cryotherapy section. Product Description.

**Decision rationale:** Biofreeze gel is, as noted previously, a means of delivering cryotherapy. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 suggests using at-home local applications of cold as a means of delivering cryotherapy. By implication, ACOEM does not support a more elaborate or a more expensive means of delivering cryotherapy, such as the Biofreeze gel at issue. The Third Edition ACOEM Guidelines take a more explicit position against high-tech devices and/or high-tech methods of delivering cryotherapy, stating that such methods are deemed "not recommended" in the chronic pain context present here. The attending provider did not, as noted previously, state why simple, low-tech applications of heat and cold packs would not be sufficient here. Therefore, the request was not medically necessary.